

PY 2020 Miami County Guidelines for CHIP Owner Rehabilitation Loan Program

The following guidelines apply to Miami County CHIP Owner Rehabilitation Loan Program to be made by Miami County from funds supplied to the Board of Miami County Commissioners by the State of Ohio under the PY 2020 Community Housing Impact and Preservation (CHIP) Program. A copy of these guidelines shall be supplied to every applicant.

1. No member of the governing body of the locality and no other official, employee, or agency of the County Government, in a position to make decisions concerning this program, shall directly or indirectly be eligible for this program. This prohibition shall continue for one year after an individual's relationship with the County government ends.
2. Maximum amount of rehabilitation loan assistance is **\$42,500**. Exceptions to be made for projects that go over \$42,500 on a case by case basis depending on funding availability. However, no project will be permitted to go above \$75,000.

Assistance is to be secured by a Promissory Note and Mortgage. Applicant is not entitled to the maximum loan amount, but will receive only the amount necessary to bring the property up to OCD's Residential Rehabilitation Standards (RRS) and to all applicable local and county codes.

4. Structure must be located within Miami County and be owner-occupied.
5. Assistance will be provided on a Deferred Loan basis. All loans will carry a zero percent (0%) annual interest rate. The mortgage instrument for all loans shall stay in place in the event that title is transferred to a spouse who is also an occupant of the property.

Loans will have a maximum term of 5 years. Assistance will be provided in the form of a no interest (0%) Deferred Loan that will decline 20% a year for 5 years and after the 5th year the mortgage will be released as there would be no balance.

6. Owner must furnish proof of Homeowners insurance against the loss of the structure by standard means.
7. Assistance must be capable of fixing all health and safety violations and bring the property up to the Residential Rehabilitation Standards (RRS) of the State of Ohio Community Housing Impact and Preservation (CHIP) Program, and all applicable Local and County codes. Adequate foundations for all living space areas, an approved source of portable water, and an approved method of sewage disposal shall also be required.
8. CHIP funds must be used for correcting all health, safety and code violations or incipient (about to happen) health, safety and code violations. All repairs must be part of the property. CHIP funds may be used on an as needed, case-by-case basis, as approved by Miami County, for vinyl siding, air conditioning, room additions, general property improvements and

auxiliary building repair/removal. Under no circumstances shall extravagant improvements be permitted. (swimming pools, patios, extensive landscaping, etc.).

9. Applicant must use a CHIP Program approved contractor. Applicant may refer contractors to the County for approval. Any work involving lead-based paint must be completed by a person(s) certified to perform such work.
10. The owner may assist the contractor in the selection and approval of materials to be used in the rehabilitation of the property (Example: windows, doors, roof shingles, paints, etc.).
11. In the event of any dispute between the Applicant and the contractor concerning the completion of the home repairs, the Housing Inspector will work with both parties in the negotiations of a satisfactory solution. If such a solution cannot be found, the County will be the final authority on when the repair work has been satisfactorily completed. The Applicant may then appeal the County's decision as per the process outlined in the County's CHIP Dispute Resolution and Conflict Management Policy which is available upon request.
12. Waivers of, and revisions to, these Guidelines may be made at the discretion of the Board of Miami County Commissioners.
13. All children under the age of 6 or any expecting mothers will be required to undergo a blood lead level test which would be paid for by the County.

MIAMI COUNTY
2020 CHIP Owner Rehabilitation Loan Program

I (we) acknowledge the receipt of the **PY 2020 Miami County Guidelines for CHIP Owner Rehabilitation Loan Program**.

I (we) understand that I (we) must comply with the **PY 2020 Miami County Guidelines for CHIP Owner Rehabilitation Loan Program** in order to receive assistance.

I (we) further agree to work cooperatively with Miami County Development Department Office staff, and the Contractor selected to perform the work on my (our) home.

I (we) acknowledge that Miami County Development Department Office staff, who are the administrators of the Miami County **CHIP Owner Rehabilitation Program**, may elect to terminate the CHIP Owner Rehabilitation Loan assistance at any time during the project period for my (our) failure to comply with these guidelines.

Applicant

Date

Applicant

Date

**Please sign and return just this page along with the
CHIP Owner Rehabilitation Program Income Verification
Application**

MIAMI COUNTY COMMUNITY HOUSING IMPACT & PRESERVATION PROGRAM (CHIP)

Goal: Through an efficient, flexible, impactful approach, the CHIP will partner with Ohio communities to preserve and improve the affordable housing stock for low- and moderate- income Ohioans and strengthen neighborhoods through community collaboration

Application Timing: The CHIP Grant Award was announced in October 2020. Recipients of CHIP funding will hopefully be determined by January 2021.

Eligible CHIP Housing Activities

The types of work that are generally considered eligible for the **Repair** activity include:

Structural System Repairs

This type of work involves repairs to eliminate hazardous conditions or serious threats to the integrity of a structural system. Examples of common structural system repairs include, patching or replacing leaking roofs, rebuilding collapsed foundations and replacing weakened or deteriorated framing components. It may also include the replacing individual non-functioning or damaged windows or entry doors.

Mechanical System Repairs

This type of work involves repairs to eliminate hazardous conditions with the electrical, plumbing or heating systems. Examples of common mechanical system repairs include replacing unsafe or overloaded electrical panels and circuits, repairing or replacing leaking water supply and/or sanitary drain plumbing lines, and repairing or replacing unsafe or inoperable heating equipment.

Plumbing System Tap-ins

This type of work involves connecting a home's plumbing system to a public water supply and/or public sewage system and paying the associated tap-in fees. Wells and Septic Systems This type of work involves repairing or replacing a home's private well and/or septic system that is malfunctioning or has been cited by local or state health departments or the Environmental Protection Agency as outdated and in need of improvement.

Weatherization

This type of work involves utilizing cost-effective measures to improve energy efficiency such as insulating uninsulated attics and sidewalls, and related measures to control air movement, such as sealing holes and bypasses and installing exhaust and ventilation fans.

Accessibility This type of work involves utilizing measures designed to improve access and mobility for occupants who are physically disabled or infirm. Generally, these measures include exterior ramps, grab bars and specialized bathroom fixtures. In some cases, more extensive work is required to remove architectural barriers, widen doorways, lower cabinets or remodel bathrooms in order to meet household needs. The work completed to improve accessibility must meet or exceed the design and installation standards outlined in the Uniform Federal Accessibility Standards (UFAS).

LBP Hazard Reduction

This type of work involves measures to eliminate known Lead-Based Paint (LBP) hazards in homes occupied by an Elevated Blood Lead Level (EBLL) child, or in households with children under six years of age. The work must be performed in compliance with all applicable state and federal regulations and guidelines, particularly those outlined in the 'HUD Guideline for the Evaluation and Control of LBP Hazards in the Home'.

Rehab Activity

In addition to the items listed above rehabs can include items such as windows, flooring, siding, porches/concrete work, and demo of accessory structures (**Rehabs require 5 year mortgages to be placed on the property**).

**MIAMI COUNTY, CITIES OF PIQUA, TROY, TIPP CITY
COMMUNITY HOUSING IMPACT AND PRESERVATION PROGRAM (CHIP)
PROGRAM APPLICATION**

Purpose

The purpose of the CHIP Program is to repair housing conditions that pose a threat to the health and safety of the occupants, or pose an ongoing threat to the structural integrity of the home.

Eligibility Criteria

- Must own and reside in the home as the primary residence (**Rental properties are not eligible for assistance**).
- Must be current with your property taxes, or become current prior to application approval (including being approved for a payment plan by the County Auditor).
- Must be current with mortgage (last 6 months), City Utility Bills and Income Taxes
- All applicants to the program must meet low to moderate income guidelines set forth by the United States Department of Housing and Urban Development as shown below:
- Any Child Working must provide their income documents as well
- If there is no income from an eligible working adult then they will need to fill out a No-Income Sheet.

**MIAMI COUNTY, CITIES OF PIQUA, TROY, TIPP CITY
Low and Moderate Income Limits**

# Persons Living in Household	1	2	3	4	5	6	7	8
Income Limit	\$47,150	\$53,850	\$60,600	\$67,300	\$72,700	\$78,100	\$83,500	\$88,850

(e.g., mother, father, two children = 4 living in household)

Important

Documentation listed below must be included with completed application.
Missing documents or incomplete applications will not be approved.

THE FOLLOWING INFORMATION BELOW WILL BE REQUIRED FOR INCOME VERIFICATION (PLEASE NOTE THAT NOT ALL THE INFORMATION WILL PERTAIN TO YOUR CURRENT INCOME SITUATION):

- **Federal Filed Income Taxes** – A copy of your most recent Federal Filed Income Taxes. If you are self-employed, provide copies of the last two years.
- **Employment** – Copies of either 8 paystubs if paid weekly or 4 biweekly pay stubs reflecting **year to date** total.
- **Unemployment** – A statement from the agency verifying the gross amount of weekly unemployment income received.

- **Pension** – A copy of the pension statement benefit or a check receipt reflecting the gross monthly amount received or a copy of one of the monthly checks.
- **Social Security, SSI, Disability** – A copy of the benefits statement or a printout from the agency. Income must reflect this year, not the previous year income.
- **Bank Statements** – Copies of the last three (3) months statements (savings, checking, CD, stocks, bonds, etc.).

Other Verifications Needed:

Homeowner's Insurance – A copy of a statement or invoice that reflects the premium amount you pay for homeowner's insurance.

All income for program eligibility is based on current income. Current income will be projected to yearly gross income. Please refer to IRS Form 1040 Inclusions to see what income will be counted.

**Complete ALL sections of the application
Sign and date application where appropriate**

Mail application and documentation to, or drop it off, at the address below (we can make copies of your information here):

**Miami County
PY 2020 CHIP Program
c/o Miami County Department of Development
510 W. Water Street, Suite 120
Troy, OH 45373**

**If you have questions please call
Miami County Department of Development at
937-440-8121.**

As with all federally funded programs and any conventional bank home repair loan program, the County's CHIP Program will require personal financial disclosure. Personal financial information shared with the Miami County/City of Piqua/City of Troy Development Staff is personal and confidential and shall be so designated. The personal and confidential financial files will not be available for public inspection to the extent permitted by law.

**MIAMI COUNTY, CITIES OF PIQUA, TROY, TIPP CITY
PY 2020 CHIP PROGRAM**

Part I – General Information

Applicant (Household Head)

Co-Applicant

Full Name _____

Address _____

City, State, Zip _____

Home/Cell Phone #'s _____

Date of Birth _____

Date of Birth _____

Email _____

Part II – Household Information

Residents

Are you a Veteran? _____

Total Number in Household _____

Number Disabled Residents _____

Is there an expectant mother in the household? Yes _____ No _____

Other Occupant Information:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part III – Employment Information

Applicant (Household Head)

Employer_____

Address_____

City, State, Zip_____

Job Title/Position_____ # of yrs _____

Employer's Phone Number_____

Employer's E-Mail Address (if available)_____

Co-Applicant

Employer_____

Address_____

City, State, Zip_____

Job Title/Position_____ # of yrs _____

Employer's Phone Number_____

Employer's E-Mail Address (if available)_____

ALL OTHER MEMBERS OF HOUSEHOLD WHOM ARE WORKING

Employer_____

Address_____

City, State, Zip_____

Job Title/Position_____ # of yrs _____

Employer's Phone Number_____

Employer's E-Mail Address (if available)_____

Part IV – Estimated Gross Monthly Income

	Applicant	Applicant	Other Household Member	Other Household Member	Total
Base Employment					
Overtime					
Part-Time Employment					
Social Security					
Pension					
Dividends / Interest					
Spousal Support					
Net Rental Income					
Other					
MONTHLY TOTAL					

NOTE: ALL HOUSEHOLD INCOME MUST BE REPORTED FOR ALL OCCUPANTS

Part V – Housing Information

Homeowner's Insurance Company_____

Name of Local Insurance Agent_____

Address of Local Agent_____

Policy Number_____ Amount of Coverage_____

What is the amount of your mortgage _____ and how much do you still owe on the mortgage _____?

Please attach a copy of a statement or invoice that reflects the premium amount you pay for homeowner's insurance.

Do you (or does anyone in your household) own any real estate other than your primary home? Yes_____ No_____. If Yes, list addresses of other property owned.

Address \$ _____
Market Value

Address \$ _____
Market Value

Part VI – Financial Information

Attach last 3 months' statements for the following:

Checking Accounts	Balance \$ _____
Savings Accounts	Balance \$ _____
Certificate of Deposit, Bonds, etc.	Balance \$ _____
401K, Annuity or other Retirement Fund	Balance \$ _____
Total Assets \$ _____	

Part VII – Additional Questions

Please circle the appropriate response and provide all requested information:

Does any applicant own any property that has been cited for being in violation of the rules or regulations of the:

Miami County or City of Piqua/Troy Planning and Zoning Department?	YES	NO
Miami County or City of Piqua Health District?	YES	NO
Miami County Auditor?	YES	NO
Are there any unsatisfied judgments against any applicant?	YES	NO
Is any applicant a borrower or co-signer on any Promissory Note other than the primary mortgage on the subject property?	YES	NO
In the last five years, has any applicant declared bankruptcy?	YES	NO

If yes, give identifying information and information as to the type and status of any such bankruptcy action:

Has the applicant been served with a Notice of Foreclosure, or notice of any other legal action against the subject property?

YES

NO

If yes, give identifying information and information as to the type and status of any such action:

Are you behind on your mortgage?

YES

NO

If so, how many months are you behind? _____

Are you obligated to pay spousal support?

YES

NO

If so, are you behind on payments?

YES

NO

Have you received in previous CHIP Funding?

YES

NO

If so, what year did you receive funding? _____

If you answered **YES** to any of the above questions, **please, explain using additional pages as may be necessary.**

If you answered **YES** to any of the above questions Miami County Department of Development or the City of Piqua/City of Troy has the authority to decline to funds.

Part VIII – Needed Repairs to Home

Please check all that apply

<input type="checkbox"/>	Plumbing – Water Heater	<input type="checkbox"/>	Electrical
<input type="checkbox"/>	Heating	<input type="checkbox"/>	Roof
<input type="checkbox"/>	Insulation	<input type="checkbox"/>	Foundation
<input type="checkbox"/>	Plumbing System Tap-ins	<input type="checkbox"/>	Handicap Accessibility

Please describe why the repair(s) need to be completed:

Note: The following repairs are generally NOT eligible for this program, unless they are a part of or necessary to facilitate more extensive repairs.

- Installation of storm windows and storm doors
- Bedroom additions (unless there is overcrowding)
- Mobile Home repairs are limited to plumbing system Tap-Ins and/or well and septic system repairs

Is there an emergency health and / or safety issue that needs addressed?

YES NO

If yes, please explain below:

-
-
- ❖ Note: CHIP Program funds cannot be used for the payment of a Miami County or City of Piqua water or sewer assessment.

[illegible]

Part X – Certification of Applicant(s)

Please read the following statement below. If you do not understand any part of it or have any questions about what you are being asked to sign, please ask someone from the Miami County Department of Development or the City of Piqua Development Program Manager to help you. Each applicant must sign below. Note: If any information on this application is found to be false or incomplete, such findings may be grounds for denial to the requested assistance.

I (we) certify that all information in this application is true and complete to the best of my (our) knowledge and belief. I (we) understand this information is subject to verification.

I (we) further certify that I (we) own the property identified in this application as my (our) principal residence and that any and all funds provided to me (us) will be used only for the labor and materials necessary to accomplish the work that will be described in the construction contract.

I (we) authorize the Miami County Department of Development or the City of Piqua Development Department, or its representatives or designees, and representatives or designees of the Office of Community Development (OCD) and the United States Department of Housing and Urban Development (HUD) to inspect and evaluate actual services provided to me (us). I (we) understand that any and all information provided in this application may be used for that purpose.

I (we) understand that the personal financial information contained in this application is necessary for evaluation of my (our) application for assistance. This information, however, will remain confidential and will not be disclosed to the news media or other third parties. I (we) further understand that my (our) name, address, and total amount of assistance will be subject to public disclosure since public funds are being utilized to assist in the improvement of my (our) property.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Section 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against borrowers / grantees on the basis of race, color, religion, sex, handicap, familial status, national origin, marital status, and age (provided the borrower / grantee has the capacity to enter into a binding contract), because all or a part of the borrower's / grantee's income derives from any public assistance program, or because the borrower / grantee has in good faith exercised any right under the Consumer Credit Protection Act.

Applicant

Date

Applicant

Date

Received by: _____
Miami County Representative or City of Piqua/Troy Representative

Date